

# **Leon County Benefit Booklet**



**Board of County Commissioners  
Clerk of Courts  
Supervisor of Elections**

# Welcome to your Employee Benefits!

This Benefit Booklet describes the many benefits that are available to you as an eligible Leon County employee. These benefits are an important part of your compensation package.

You are encouraged to read this booklet, which provides a brief summary of your benefits. Keep this Benefits Booklet for reference throughout the year. Should you have any questions concerning the benefits or eligibility described in this booklet, refer to the insurance certificates, policies, or other benefit brochures provided to you. If you have further questions, **please contact your Human Resources:**

**Board and Supervisor of Elections at 487-2220**

**Clerk of Courts at 577-4230**

The summary of benefits listed in this booklet includes:

- Medical
- Dental
- Vision
- Term Life Insurance
- Long Term Disability
- Long Term Care
- Legal
- Supplemental Plans
  - Accident
  - Cancer Security Coverage
  - Disability Income Coverage
  - Critical Illness
  - Medical Bridge
  - Public Sector Cancer and Intensive Care
  - Whole Life

## **Benefits Summary**

The following is a brief summary of the Benefits that are available at Leon County:

### **Eligibility:**

- All regular full- time employees
- Leon County Board of County Commissioners and Supervisor of Elections regular part-time employees who have been employed for at least two years are eligible only for health insurance and participation in the Colonial Insurance programs.
- Part time employees with less than 2 years of service & OPS employees are not eligible to participate

### **Pre-Tax Advantage:**

Medical, dental & vision premiums deducted from your pay can be made from pre-tax dollars. This means that the premiums deducted from your paycheck are before Federal taxes and Social Security taxes are withheld. That's a tax savings for you. Pre-tax payments allowed under the IRS regulations do not allow you to change your coverage during the year except for certain change in status events.

- You must meet with a representative from Brown and Brown to complete the **Pre-Tax Salary Redirection Form.**

### ***Benefit Options:***

#### **Medical**

- You can choose to participate in Capital Health Plan or Vista which are Health Maintenance Organizations (HMO's)
- If you are a regular full time or eligible part time employee, you can also choose to Opt-Out of medical insurance coverage if you can provide proof that you have medical insurance coverage elsewhere. You can receive \$300 per month in a payment for opting out of coverage. This is taxable income to you. If a husband & wife both work for Leon County, they are not eligible for the Opt-Out Program.

#### **Dental**

- You can choose to participate in one of 2 Managed Care Plans (DHMO) which requires you to use a dentist from a Network of Participating Dentists or you can choose to participate in a Preferred Provider Plan (PPO) which allows you to obtain services from a Network of Participating Dentists or from any Dentist.

#### **Vision**

- This plan provides for coverage for eye exams, glasses, lenses & frames. You can choose to have your eye care provided by a Network Doctor (which provides you the least out-of-pocket expenses) or a Non-Network Doctor.

## **Group Term Life Insurance Basic Life**

- Leon County pays for basic term life insurance coverage in an amount equal to your annual salary if you are a Career Service or Executive Support Employee or an amount of two times your annual salary if you are in Executive or Senior Management.

### **Supplemental Life**

- You can purchase additional life insurance in the amount of two times your annual earnings if you are a Career Service or Executive Support Employee or one times your annual salary if you are in Executive or Senior Management.
- You will need to complete an “Evidence of Insurability” form & approval is subject to the underwriting requirements of the insurance company. You could be declined coverage.

### **Dependent Life**

- You can apply for coverage for your spouse and/or dependent children
- You can choose from the following coverage amounts:  
    Spouse:     \$20,000     \$10,000     \$5,000  
    Children:   \$ 5,000     \$ 2,500     \$1,500
- You will need to complete an “Evidence of Insurability” form & approval is subject to the underwriting requirements of the insurance company. Your spouse & or children could be declined coverage.

## **Long Term Disability Insurance ( Leon County Board and Supervisor of Elections )**

- You can apply for coverage that could pay you 60% of pay up to age 65 after you have been disabled for 90 days.
- You will need to complete an “Evidence of Insurability” form & approval is subject to the underwriting requirements of the insurance company. You could be declined coverage.

## **Flexible Reimbursement Accounts**

- You can choose to participate in this program which allows you to pay for certain health care & dependent care expenses through payroll deduction with pre-tax dollars.
- You can contribute a maximum of \$5,000 to the health care account and \$5,000 to the dependent care account.
- Careful planning of expenses is essential because IRS regulations require that participants forfeit any money left in the account at the end of the year.

## **Voluntary Plans**

- Opportunity to participate in ARAG-Legal Plan which provides coverage for legal services that you may need.
- Opportunity to apply for coverage with Colonial Life which provides insurance coverage for: Cancer, Intensive Care, Accident & Disability & Hospital Indemnity; or for Long Term Care Insurance with Blue Cross/Blue Shield. You

may need to provide “Evidence of Insurability” & approval of your application is subject to the underwriting requirements of the Insurance Company. You could be declined coverage.

- Opportunity to enroll in additional Life Insurance with Reliance Standard Life without Evidence of Insurability.

**Retirement (Contact Human Resources for information)**

- Automatic participation in the Florida Retirement System. No contributions are required. You can choose to participate in the Pension Plan or the Investment Plan
- Opportunity for you to save for retirement through payroll deduction with pre-tax dollars in Deferred Compensation Plans through VALIC, ICMA or NACO. You can choose to participate any time during the year.

***Other Benefits Available (Contact Human Resources for information)***

- Sick Leave Pool and Tuition Assistance
- Employee Assistance Program (EAP) and Mediation Program
- Florida PrePaid College Savings Program
- Annual & Sick Leave Accruals
- Volunteer Service-Project Lead
- Parking (Cost deducted Pre-Tax)

## Service Directory

For all service related issues please call:

Brown & Brown, Inc  
3520 Thomasville Road Suite 500  
Tallahassee, FL 32309  
(850) 942-6511 or 800-555-1297

### Leon County Board of County Commissioners & Supervisor of Elections

#### Medical

Capital Health Plan  
(850) 383-3311

Vista Health Plan  
1-866-847-8235

#### Dental

CompBenefits  
1-800-633-1262

#### Vision

Vision Care  
1-800-749-5855

#### Term Life Insurance

Florida Combined Life  
1-800-333-3256  
Reliance Standard Life  
1-800-644-1109

#### Long Term Disability

Michael J. Milton  
North Florida Insurance Services, Inc.  
4356 Lafayette St. Mariana, Fl. 32446  
(850) 526-1020  
(800) 652-5032

#### Long Term Care

Blue Cross Blue Shield  
1-888-202-3393

#### Legal

ARAG Group  
1-800-523-5299

#### Supplemental Products

Colonial  
1-800-325-4368

AFLAC

(850) 942-6511

### Leon County Clerk of Courts

#### Medical

Capital Health Plan  
(850) 383-3311

Vista Health Plan  
1-866-847-8235

#### Dental

CompBenefits  
1-800-633-1262

#### Vision

Vision Care  
1-800-749-5855

#### Term Life Insurance

Florida Combined Life  
1-800-333-3256  
Reliance Standard Life  
1-800-644-1109

#### Long Term Care

Blue Cross Blue Shield  
1-888-202-3393

#### Legal

ARAG Group  
1-800-523-5299

#### Supplemental Products

Colonial  
1-800-325-4368

AFLAC

(850) 942-6511

# MEDICAL INSURANCE



**Capital Health**  
P L A N

### **MEDICAL PLAN COVERAGE COMPARISON CHART**

The following chart is a brief outline/summary of benefits of the medical plans offered at Leon County. This summary is intended to just highlight the Plan benefits and does not constitute a contract. Complete benefit plan provisions are available in the master policies, contracts or agreements. If there are discrepancies between this summary and the policies, contracts or agreements, then the provisions of the policies, contracts and agreements will take precedence.

#### **SUMMARY OF BENEFITS**

<b><u>COVERAGE</u></b>	<b><u>VISTA</u></b>	<b><u>CAPITAL HEALTH PLAN</u></b>
<b><u>OUT-OF-POCKET MAXIMUM</u></b>		
Individual	\$1,500	\$1,500
Family	\$3,000	\$3,000
(excluding copayments for prescriptions drugs)		
<b><u>LIFE TIME MAXIMUM</u></b>	None	None
<b><u>MEMBER COPAY</u></b>		
<b><u>PHYSICIAN SERVICES</u></b>		
Inpatient Medical Visits	No Charge	No Charge
Office Visits	\$10/visit	\$10/visit
Surgery	No Charge	\$10 Copay in physicians office No Charge when in Hospital
Anesthesia	No Charge	No Charge
Allergy Testing/Treatments	\$25/test	\$10 Copay
Allergy Injections	\$10/visit	\$10 Copay in physicians office
Maternity (Pre & Post Care)	\$10/visit	\$10/visit
Lab Work	No Charge	No Charge



**PREVENTIVE SERVICES**

Routine Physicals

**VISTA**

\$10/visit

**CAPITAL HEALTH PLAN**

\$10/visit

Immunizations/Screenings

\$10/visit

\$10/visit

Well Child Care

\$10/visit

\$10/visit

Hearing Screening

\$10/visit

\$10/visit up to age 17

**DIRECT ACCESS SERVICES**

Dermatology

\$10/visit; limit of 5 visits/year

\$10/visit; limit of 5 visits/year

OB/GYN Exam

\$10/visit; limit 1/contract year (requires no PCP referral) for breast/pelvic exam &amp; pap smear (or as physician requested)

\$10/visit for well woman exam

Vision Screening  
(glasses & contact lenses not covered)

\$10/visit; limit 1/contract year (requires no PCP referral) for annual eye exam (or as physician requested)

\$10/visit for routine eye exams

Podiatry

\$10/visit; 1 time visit (additional treatment when authorized)

\$10/visit; when medically necessary

Spine &amp; Back Disorder Treatment

\$10/visit; subject to approved treatment plan

\$10/visit; for acute &amp; diagnostic conditions

**DIABETES TREATMENT**

In Physician Office

\$10/visit

\$10/visit; see member handbook for details

Outpatient Diabetes Center

\$25/year

**IN-HOSPITAL SERVICES**

Semi-Private Room &amp; Board

No Charge

No Charge

Ancillary &amp; Professional Services

No Charge

No Charge

Medical Services

No Charge

No Charge

Anesthesia

No Charge

No Charge

Maternity (Pre &amp; Post Care)

No Charge

No Charge

**IN-HOSPITAL SERVICES (continued)**

Diagnostic Services

Intensive Coronary Care

Surgical Procedures

Operating &amp; Recovery Room

Acute &amp; Chronic Dialysis

Drugs, Medications &amp; Radiotherapy

Specialty Care &amp; Consultants

Special Duty Nursing

**OUTPATIENT HOSPITAL SERVICES**

Outpatient Surgery

Radiology &amp; Diagnostic Testing

Mammogram

Routine: Chest x-ray, EKG, etc

Specialized: Ultrasound, EEG,  
allergy testing, etc.

Extensive: Cat scan, MRI, etc.

Lab Work

Chemotherapy

Dialysis Services

Short Term Therapy

Occupational, Physical, Speech,  
Inhalation**VISTA**

No Charge

No Charge

No Charge; subject to approval

No Charge

No Charge

No Charge

No Charge

No Charge

No Charge

No Charge

\$10/test

\$25/test

\$100/test

No Charge

No Charge

No Charge

\$10/visit; limit of 24 visits for an acute condition

**CAPITAL HEALTH PLAN**

No Charge

No Charge; when medically necessary

No Charge ; subject to approval

No Charge

No Charge

No Charge

No Charge ; when medically necessary

No Charge ; when medically necessary

No Charge

No Charge

No Charge

No Charge;(see previous information on allergy testing)

No Charge; may require prior authorization

No Charge

No Charge

No Charge

\$10/visit; for conditions subject to significant  
improvement in 62 days

**EMERGENCY CARE SERVICES**

Hospital ER Room  
Physician Charges

Ugent Care Facility

**VISTA**

\$50/visit; waived if admitted  
Included in above \$50 copay

\$10/visit

**CAPITAL HEALTH PLAN**

\$100/episode  
Included in above \$100 copay

\$15/visit

**EXTENDED CARE SERVICES**

Skilled Nursing Facility

Hospice Care

Home Health Care

No Charge; up to 60 days per contract year

No Charge

No Charge

No Charge; up to 60 days per admission

No Charge

No Charge

**MENTAL HEALTH**

Inpatient Facility

Outpatient Facility & Physician Office

Day Treatment Facility

Partial Hospitalization

No Charge; up to 30 days per contract year

\$20/visit; up to 20 visits per contract year

No Charge; up to 60 days per contract year

Not Covered

No Charge; up to 31 days/year

\$20/visit; up to 20 visits/year

Not Covered

No Charge; 2 days of partial hospitalization counts as  
1 day toward mental/nervous benefit

**SUBSTANCE ABUSE**

Inpatient Facility

Outpatient Facility

No Charge; detoxification for alcohol/drug abuse  
limited to 5 days

\$20/visit; up to 20 visits (Combined with  
mental health outpatient visits)

Maximum inpatient & outpatient  
lifetime benefit is \$10,000

No Charge; detoxification only

\$20/visit; up to 20 visits/year (Combined with mental  
health outpatient visits)

No Charge for diagnostic medical treatment for  
drugs & alcohol detoxification

<b><u>OTHER SERVICES</u></b>	<b><u>VISTA</u></b>	<b><u>CAPITAL HEALTH PLAN</u></b>
DME	No Charge	No Charge; up to \$2,500 per member per year
Prosthetics	No Charge	No Charge
Orthotics	Subject to approval	Not Covered
TMJ/Orthognatic	Subject to approval	No Charge when medically necessary
Organ Transplants	No Charge; subject to limitations	No Charge; subject to limitations
Ambulance	No Charge	No Charge ; when medically necessary
Medical Supplies	Subject to approval	No Charge; when part of medical treatment
Sterilization Services	No Charge; subject to authorization/ prior approval	No Charge; surgical sterilization including tubal ligations & vasectomies
Fertility Services	\$10/visit	\$10/visit; family planning services other than those services specifically described in the Covered Services section of the Member Handbook are excluded
Infertility Services	\$25/visit; \$2,000 lifetime maximum	\$10 for endometrial biopsy, sperm count & hysterosalpingography
<b><u>PRESCRIPTION DRUGS (for 30 day supply)</u></b>		
Generic	\$7	\$7
Preferred Brand	\$14	\$20
Non-Preferred Brand	\$30	\$35
Mail Order	2 copays for 90 day supply	Not Available

**Member Services Phone Number**  
**Medical Plan Web Site**

**VISTA**  
1-866-847-8235  
www.vistahealthplan.com

**CAPITAL HEALTH PLAN**  
383-3311  
www.capitalhealth.com

Capital Health Plan & Vista Healthplan are Health Maintenance Organizations. Services that are covered include Preventative Health Care & services that are deemed medically necessary.

Members of the Plans must choose a Primary Care Physician for the management/coordination of their health care needs. The Primary Care Physician will arrange for referrals for specialty care. You can choose a Primary Care Physician from the Provider Directory or choose from a list on the website of each medical plan. It may be necessary to contact the physician's office before making your selection to determine if the physician is accepting new patients. If a Physician is not chosen at the time of enrollment, one will be assigned by Capital Health Plan or Vista Healthplan.

New employees wishing to enroll in medical insurance must submit an enrollment application within 30 days of employment.

Employees who have medical insurance through another plan outside of Leon County may elect to participate in the Medical Insurance Opt-Out Program and receive \$300/month. Employees must provide written proof of other medical coverage, within 30 days of employment, in order to participate.

**SPECIAL NOTICES:**

**DECLINING ENROLLMENT IN THE MEDICAL PLAN**

If you are declining enrollment for yourself or your dependents because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in one of the medical plans, provided that you request enrollment within 31 days after your coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption/placement for adoption, you may be able to enroll yourself & your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption/placement for adoption.

**WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998**

Mastectomies & related reconstructive surgery are covered benefits for members in the medical plans. This includes both reconstruction of the breast on which surgery was performed as well as surgery & reconstruction of the other breast to produce a symmetrical appearance. Coverage is also available for breast prosthesis & for the physical complications of mastectomy, including lymphedemas.

# DENTAL INSURANCE



## SUMMARY OF COMPBENEFITS DENTAL OPTIONS

Partial Listing of Covered Services		DHMO Plan CS150 Copayment	Advantage Plan AVF1 Copayment	PPO EP700 Plan In Network Reimbursement	Out of Network Reimbursement
Type I - Diagnostic & Preventive Services					
9430	Office Visit (Normal Hours)	\$5.00	\$0.00	100% of PPO Provider's fee	100% of PPO Schedule; balance billing applicable
120	Periodic oral evaluation	No Charge	No Charge		
140	Limited oral evaluation	No Charge	No Charge		
150	Comprehensive oral evaluation	No Charge	No Charge		
210	Intraoral-complete series (including bitewings)	No Charge	No Charge		
220	Intraoral-periapical-first film	No Charge	No Charge		
274	Bitewings-four films	No Charge	No Charge		
330	Panoramic film	No Charge	No Charge		
1110	Prophylaxis-adult (once every six months)	No Charge	No Charge		
1120	Prophylaxis-child (once every six months)	No Charge	No Charge		
1203	Topical application of fluoride (up to 16 years of age)	No Charge	No Charge		
Type II - Basic Services					
1351	Sealant-per tooth	\$10.00	No Charge	80% of PPO Provider's fee	80% of PPO Schedule; balance billing applicable
2140	Amalgam-one surface, primary or permanent	No Charge	\$19.00		
2150	Amalgam-two surfaces, primary or permanent	No Charge	\$25.00		
2330	Resin-based composite-one surface, anterior	\$35.00	\$21.00		
2331	Resin-based composite-two surfaces, anterior	\$40.00	\$27.00		
2391	Resin-based composite-one surface, posterior	\$60.00	\$25.00		
Type III - Major Services (12 month waiting period. Time served on the employer's immediatley preceding group dental plan may be credited towards this					
		\$280.00+up to \$125 per unit for high noble metal		50% of PPO Provider's fee	50% of PPO Schedule; balance billing applicable
2750	Crown-porcelain fused to high noble metal		\$405.00		
3330	Molar Root Canal		\$250.00		
4341	Periodontal scaling and root planing- per quadrant	\$50.00	\$33.00		
4910	Periodontal maintenance	\$50.00	\$20.00		
7140	Extraction, erupted tooth or exposed root	No Charge	\$58.00		
Type IV - Orthodontics					
Comprehensive orthodontic treatment of the transitional/adolescent dentition. Children up to 19 years of age; up to 24 months of routine orthodontic treatment for Class I & Class II cases.				Participating Providers will reduce their fees by 25%.	Not Covered.
8070/8080	Consultation	No Charge	No Charge		
	Evaluation	\$35.00	\$35.00		
	Records/Treatment Planning	\$250.00	\$250.00		
	Orthodontic Treatment	\$1,800.00	\$2,100.00		
Comprehensive orthodontic treatment of the adult dentition. Adults19 years of age and over; up to 24 months of routine orthodontic treatment for Class I & Class II cases.					
8090	Consultation	No Charge	No Charge		
	Evaluation	\$35.00	\$35.00		
	Records/Treatment Planning	\$250.00	\$250.00		
	Orthodontic Treatment	\$2,000.00	\$2,300.00		
Maximum Benefits					
Lifetime Maximum - Type I, II, III		No claim forms to file; no annual maximum benefits; no waiting periods, no calendar year deductibles	No claim forms to file; no annual maximum benefits; no waiting periods, no calendar year deductibles	Unlimited	Unlimited
Calendar Year Maximum - Type I, II, III				\$1,000	\$1,000
Deductible (three times per family maximum) - Type I				Waived	Waived
Type II, III				\$50	\$50

With the CS150 plan, in order to receive benefits you must contact the dental office you have selected. With the Advantage plan, no preselection of dentist is required, you may be treated by any dentist within the network. With both the CS150 and Advantage Plans, copayments and benefits are available with network providers only.

This schedule shows only a few of the covered procedures. This schedule is intended for comparison purposes only. The benefits for each plan will be determined by the contract. For a complete listing of benefits and exclusions and limitations, please reference the certificate of coverage.

# VISION INSURANCE





# VISION PLAN

	NETWORK DOCTOR	NON-NETWORK DOCTOR	BENEFITS
<b>Eye Exams</b>	\$10 copay then paid in full	\$35 allowance	Exam every 12 months
<b>Lenses (per pair)</b>	\$15 copay then paid in full	allowances below	Lenses every 12 months
Single		\$25 allowance	
Bifocal		\$40 allowance	
Trifocal		\$60 allowance	
Lentical		\$100 allowance	
<b>Contact Lenses</b>			
Elective (exam + lenses)	\$10 copay for exam and \$105 allowance for lenses (including fitting, follow up exam and lenses)	\$35 allowance for exam and \$105 allowance for lenses (including fitting, follow up exam and lenses)	This allowance is paid with the same frequency as lenses. The plan provides an allowance for contacts instead of lenses and frames
Medically Necessary	\$15 copay; then paid in full	\$210 allowance	Prior authorization is required for Medically Necessary contact lenses as indicated in the Certificate of Coverage.
<b>Frame</b>	\$15 copay then paid in full	\$40 allowance	Every 24 months. The plan covers frames based on the manufactures wholesale price. Price of covered frames may vary among plan doctors, the value of your covered frame stays the same. You may be required to pay extra only if you choose a frame that exceeds the covered wholesale price.
<b>Lasik Procedures</b>	The plan has contracted with many of the finest LASIK facilities and eye doctors to offer this procedure at substantially rediced fees. The network of LASIK centers features all TLC Laser Center (TLC Vision) facilities as well as many of the leading independent centers in the country.	No Benefit available	To receive \$1800 reduced fee member must use The Laser Center's facilities. Member receives a 10% discount for using out of non-network doctors, maximum allowable amount is \$1800.
<b>Out of State Services</b>	Yes, through Nationwide network	Yes same benefits	In-network services are available through a nationwide network of participating doctors. If plan members travel out or move to another state, their plan goes with them. They simply request a List of Member Doctors for that area along with benefit form, and as long as they are eligible, they will receive the same benefits as they would in their home state.

The amounts shown are maximum benefits. The actual benefit amount the plan will reimburse to a plan member for non-network doctors will be the least of: the maximum shown in the schedule; the amount actually charged; or the amount a doctor usually charges a private patient.

The availability of services under the non- network reimbursement schedule is subject to the same time limits and copayments as those for network services. The plan pays non-network benefits in place of services from a network doctor.

# **TERM LIFE INSURANCE**

## **FLORIDA COMBINED LIFE**

## **RELIANCE STANDARD LIFE**



**BlueCross BlueShield  
of Florida**

An Independent Licensee of the  
Blue Cross and Blue Shield Association.  
Serving Residents and Businesses of Florida.

***RELIANCE STANDARD***  
Life Insurance Company

**TERM LIFE INSURANCE**  
**FLORIDA COMBINED LIFE**

	<b><u>BASIC LIFE</u></b>	<b><u>SUPPLEMENTAL LIFE</u></b>	<b><u>DEPENDENT LIFE</u></b>
<b><u>ELIGIBILITY</u></b>	Full Time Employee	Full Time Employee	Full Time Employee
<b><u>WAITING PERIOD FOR NEW HIRES</u></b>	1 <sup>st</sup> Day of the Month Following Date of Hire	1 <sup>st</sup> Day of the Month Following Receipt of Application (Must submit Application within 30 days of Date of hire)	1 <sup>st</sup> Day of the Month Following Receipt of Application (Must submit Application within 30 days of date of hire)
<b><u>WAITING PERIOD FOR CURRENT EMPLOYEES</u></b>		1 <sup>st</sup> Day of the Month Following Evidence of Insurability Approval by Insurance Company	1 <sup>st</sup> Day of the Month Following Evidence of Insurability Approval by Insurance Company
<b><u>WHO PAYS FOR THE PLAN</u></b>	Leon County	Employee	Employee
<b><u>COVERAGE AMOUNT EXECUTIVE &amp; SR. MANAGEMENT</u></b>	2 x Basic Annual Salary	1 x Basic Annual Salary	Options: Spouse and Dependents \$20,000 and \$5,000 \$10,000 and \$2,500 \$ 5,000 and \$1,500
Applies to Board and Supervisor of Election only			
<b><u>EXECUTIVE SUPPT. &amp; CAREER SERVICE</u></b>	1 x Basic Annual Salary	1 or 2 x Basic Annual Salary	Options: Spouse and Dependents \$20,000 and \$5,000 \$10,000 and \$2,500 \$ 5,000 and \$1,500

**ADDITIONAL INFORMATION**

- Maximum coverage amount is \$250,000 for Basic and Supplemental Life Insurance
- Coverage amount reduces to 65% at Age 65
- Dependent Life Insurance amount cannot exceed 50% of the employee's Basic and Supplemental life combined amounts
- Insurance provided by Florida Combined Life Insurance Company
- Complete benefit provisions are available in the master contract and certificate of life insurance coverage.

**TERM LIFE INSURANCE**  
**RELIANCE STANDARD LIFE**

	<u><b>SUPPLEMENTAL LIFE</b></u>	<u><b>DEPENDENT LIFE</b></u>
<u><b>ELIGIBILITY</b></u>	Any employee working 30 Or more hours	Any employee working 30 Or more hours
<u><b>WAITING PERIOD FOR NEW HIRES</b></u>	1 <sup>st</sup> Day of the Month Following Date of Hire	1 <sup>st</sup> Day of the Month
<u><b>WAITING PERIOD FOR CURRENT EMPLOYEES</b></u>	1 <sup>st</sup> day of the month following receipt of application	1 <sup>st</sup> day of the month following receipt of application
<u><b>WHO PAYS FOR THE PLAN</b></u>	Employee	Employee
<u><b>COVERAGE AMOUNT</b></u>	Employee Option of \$10, 000 to \$500, 000 in increments of \$10,000 Guarantee Issue amount under Age 60- \$100,000 Guarantee Issue Amount Age 60 to 70 - \$10,000	Spouse Option of \$10, 000 to \$500, 000 in increments of \$10,000 Guarantee Issue Amount under Age 60 - \$40,000 subject to employee coverage of at least \$50,000  Children Coverage options 1234 \$1000\$1000\$1000\$1000 \$2500\$5000\$7500\$10,000 * 26 if Full-Time Student

**ADDITIONAL INFORMATION**

- *Choices of life insurance in increments of \$10,000 to \$500,000*
- *Dependent Coverage Available*
- *Guaranteed Acceptance Amounts for Employee, Spouse and Dependent Children*
- *Guarantee Issue for Employees under age 60 is \$100,000*
- *Guarantee Issue for Employees age 60 to 70 is \$10,000*
- *Guarantee Issue for Spouse under age 60 is \$40,000, provided the employee applies for at least \$50,000*
- *No Medical Evidence is required on dependent children*
- *Liberal Conversion and Portability Provisions*
- *Living Benefit*

# LONG TERM DISABILITY



**LONG TERM DISABILITY**  
**UNUM PROVIDENT**

**ELIGIBILITY**

All full time employees working 30 hours or more per week

**WAITING PERIOD  
FOR NEW HIRES**

1<sup>st</sup> of the month coinciding with or next following 30 consecutive days of employment

**WHO PAYS FOR**

Employee

**THE PLAN**

**BENEFIT PERCENTAGE**

60% to a maximum of \$6000 a month

**MAXIMUM BENEFIT PERIOD**

TO AGE 65

**DEFINITION OF BME**

Current base monthly salary

**DEFINITION OF DISABILITY**

Your own occupation for two years, any occupation thereafter

**ELIMINATION PERIOD**

3 Months

**PRE-EXISTING CONDITION PERIOD**

The 3 months prior to your coverage effective date

**PRE-EXISTING CONDITION EXCLUSION PERIOD**

The first 12 months as a covered person

**ADDITIONAL INFORMATION**

- Individual Guaranteed Renewability Policy
- Earnings means base monthly salary but excludes bonuses, overtime pay, and any other extra compensation received from the Employer.

# **LONG TERM CARE**

## **BLUE CROSS BLUE SHIELD**



# BlueSecure

Long-Term Care Insurance Policy For Individuals

## Freedom Plan



## Product at a Glance

### Product Features

Who is eligible	Individuals 18 to 85 years of age may apply.
Daily Benefit Amount (DBA)	Coverage starting at \$50.00 a day to unlimited (available in \$10 increments).
Benefit Period Options	Benefit periods available: 3 years (1,095 days), 4 years (1,460 days), 5 years (1,825 days) or Lifetime.
Lifetime Benefit Amount (Maximum)	A Lifetime Benefit Amount (with the exception of Lifetime coverage) consists of a pool of money that is equal to the DBA multiplied by the Benefit Period. Example: 1095 days (3 years) x \$100.00 DBA = \$109,500
Elimination Period Options	The number of calendar days you must wait before benefits are available: 0, 20, 60, 90 or 180 days. You are responsible for payment (personally, with Medicare, or other insurance policies) during this time. The Elimination Period need only be satisfied once during the life of the Policy.
Qualification for Benefits (Triggers)	You are eligible for benefits when you have been certified as Chronically Ill by a Licensed Health Care Practitioner and require: <ul style="list-style-type: none"><li>➤ Substantial Assistance with two or more Activities of Daily Living (ADLs) - Bathing, Dressing, Eating, Toileting, Continence and Transferring for a period expected to last at least 90 days; or</li><li>➤ Substantial Supervision due to severe Cognitive Impairment.</li></ul>
Pre-Existing Conditions	There are no pre-existing condition limitations.
Waiver Of Premium	The premium is waived for the period of time benefits are paid for Nursing Facility, Assisted Living Facility, Alzheimer's Facility and Hospice Facility. We will also waive the premium due while receiving Home Health Care, Adult Day Care, or At-Home Hospice Care a minimum of 3 days per calendar week on a regular basis.
Tax-Qualified	BlueSecure Freedom Long-Term Care Insurance is intended to be tax-qualified under Section 7702B(b) of the Internal Revenue Code of 1986 as amended.
Discounts	Available savings on your premium with the following discounts: <ul style="list-style-type: none"><li>➤ 25% discount when both spouses/domestic partners apply for coverage</li><li>➤ 10% discount for members of an employer, association, or affinity group</li><li>➤ 10% discount if living with a qualified Caregiver at the time of application</li></ul>
Spouse/ Domestic Partner Sponsorship Caregiver	
Premium Payment Terms	Your premiums can be paid with a payment plan that fits your budget: 10 years, 20 years, 10 pay to age 65 (minimum payment term 10 years) or Lifetime. Payments can be made using a Credit Card or Preauthorized Checking (PAC). Payroll Deduction and List Bill options may be available for members of an employer, association or affinity group.



## Standard Benefits and Covered Services

Long-Term Care Facilities	Pays the actual charges, up to the Daily Benefit Amount, for care received in a Nursing Facility, Assisted Living Facility, Alzheimer's Facility, and Hospice Facility.
Home Health Care	Pays the actual charges, up to the Home Health Care Maximum Monthly Benefit, for Home Health Care, Adult Day Care, At-Home Hospice Care and Homemaker Services. This includes incidental household tasks that do not require the services of a trained aide or attendant.
Supportive Equipment	Covers equipment that is able to withstand repeated use and is used in the home to assist you in performing Activities of Daily Living. Lifetime Benefit Amount of \$5,000.
Respite Care	Provides a member of your immediate family, or any other person who is your unpaid primary caregiver, a break from the daily routine of providing care to you. Pays the actual charges, up to the Home Health Care Maximum Monthly Benefit, for one calendar month per calendar year.
Bed Reservation	Covers fees charged by a Long-Term Care Facility to reserve a bed while you are temporarily absent for any reason. Bed Reservation pays the actual charges, up to the Daily Benefit Amount, for 30 days per calendar year.
Family Member Assistance	Covers up to 70% of the Home Health Care Maximum Monthly Benefit for qualified services provided by family members not living with you in your home. The maximum benefit is six times (6x) the Home Health Care Maximum Monthly Benefit. This benefit is not subject to your Policy Elimination Period, and it will not count toward that requirement.
Caregiver Training	Covers the training of a designated individual to properly care for you at home. Provides \$500.00 per calendar year with a maximum Lifetime Benefit Amount of \$1,000.
Alternative Care Benefits	Covers treatments or services, agreed upon in advance by you and BCBSF, which are not covered by the Policy but are considered to be appropriate, cost-effective alternatives.
Personal Care Advisor and Services	Health Care Professionals, with expertise in managing and arranging long-term care services, are available to help you and your caregivers with care plans. This service is optional and without cost to you.

## Standard Benefits - Riders

Guaranteed Purchase Option	This rider provides you with an annual option to purchase additional amounts of insurance in the form of increases to the Daily Benefit Amount and Home Health Care Maximum Monthly Benefit. These increases are called Inflation Additions and will be based on the Consumer Price Index (CPI). This rider is provided at no extra charge to any policyholder not electing an Inflation Protection Rider Option.
Contingent Nonforfeiture Benefits On Lapse	This rider provides for limited, reduced and paid-up contingent nonforfeiture coverage should the Policy terminate because of non-payment of premiums or a written cancellation request due to a substantial premium increase. The benefits of this rider are available when you elect not to purchase the Shortened Benefit Period Nonforfeiture Rider. There is no charge for this rider.

## Optional Benefits - Elected Riders

### Inflation Protection Riders

*The Freedom to Not Worry  
About Future Cost.*

#### **Eligibility: Anyone**

If inflation and the rising costs of health care are of concern to you, choose one of our Inflation Protection Riders. Designed to ensure that your benefits meet your needs many years down the road, these riders allow your Daily and Monthly Benefits to grow over time.

#### **3% Compound Inflation for Life**

This rider increases your benefit amount every year for the life of the Policy. Your Daily Benefit Amount and Home Health Care Maximum Monthly Benefit increases by 3% each year compounded annually.

#### **5% Compound Inflation for Life**

This rider increases your benefit amount every year for the life of the Policy. Your Daily Benefit Amount and Home Health Care Maximum Monthly Benefit increases by 5% each year compounded annually.

#### **5% Compound Inflation for 10 Years**

This rider increases your Daily Benefit Amount and Home Health Care Maximum Monthly Benefit by 5% each year compounded annually for ten years.

#### **5% Simple Inflation for 20 Years**

This rider increases your Daily Benefit Amount and Home Health Care Maximum Monthly Benefit by 5% each year for twenty years.

All benefits will increase on the anniversary of your Policy Effective Date.

### Shortened Benefit Period Nonforfeiture

*The Freedom to Protect  
Your Benefits*

#### **Eligibility: Anyone**

If you want to protect the benefits you've paid for, even if your Policy lapses due to non-payment of premiums, choose this rider. If you have paid your premiums for at least three years, and then are unable or unwilling to make further payments, this rider will ensure that your Policy still provides limited benefits for your lifetime. Your Daily Benefit Amount and Home Health Care Maximum Monthly Benefit will be the same as the amount in effect at the time of your payment lapse. Your reduced Lifetime Benefit Amount will be the greater of either 30 times your Daily Benefit Amount or the sum of all premiums paid. This limited benefit will be considered to be paid in full.

### Restoration of Benefits

*The Freedom to Use  
Your Benefits Again  
and Again*

#### **Eligibility: Anyone (if the Lifetime Benefit Period Option is not purchased)**

If you're concerned about running out of coverage, choose our Restoration of Benefits Rider. Designed to provide you with complete peace of mind, this rider will fully restore your Lifetime Benefit Amount to its original maximum.

If there are 180 consecutive days when you do not require benefits, the original Lifetime Benefit Amount of your Policy is fully restored.

There is no limit to the number of times you can use this benefit.

### Caregiver Rider

*The Freedom to Receive  
Care From Someone You  
Trust*

#### **Eligibility: Anyone 70 years and younger**

This rider extends the Home Health Care benefits offered under the Family Member Assistance Benefit in your Policy. If you are eligible for Home Health Care benefits, you can receive paid assistance from an Informal Caregiver (not living with you). Services provided by an Informal Caregiver will be paid up to 70% of the Home Health Care Maximum Monthly Benefit. The Lifetime Benefit for this coverage is 18 times the Home Health Care Maximum Monthly Benefit.

# ARAG GROUP/LEGAL



## Legal Plan – ARAG Group

ARAG offers a resource for certain professional legal services and information

### Access Plan:

#### **UNLIMITED access to an attorney over the phone including:**

(These may be used for pre-existing conditions.)

- Advice and consultation
- Simple will preparation
- Short document review
- Debt collection assistance
- Small claims assistance
- 24-hour emergency service
- Letters and phone calls to a third party

### Personal Protection Plan:

Receive the same benefits as the Access Plan with in-office assistance.

Up to 23 hours\* per person (100 hours\* per family) for in-office assistance with a Network Attorney for the following coverages:

- Complex wills and trusts
- Juvenile matters
- Traffic matters (*including first DUI*)
- Consumer rights
- Property protection
- Criminal misdemeanors

- Tenant protection
- IRS audit protection
- Small claims defense
- Administrative hearings
- Legal document preparation and review

#### **Additional benefits after six months of membership include:**

- Divorce/Separation
- Post-divorce child support
- Adoption and legitimization
- Name change
- Chapter 7 bankruptcy
- Real estate closing
- Home refinancing
- Probate and estate administration
- Immigration issues

Also, with the Personal Protection Plan you can use one of our thousands of Network Attorneys nationwide. Or use your own attorney with our out-of-network benefit and receive \$50 per hour reimbursement up to policy limits.

### Premier Plan:

Receive the same benefits as the Personal Protection Plan with increased hours.

Up to 46 hours\* per person (200 hours\* per family) for in-office assistance with a Network Attorney, paid-in-full.

#### **All plans also include the following benefits and may be used for pre-existing conditions.**

**The Law Guide** – An interactive legal library with legal summaries for state and federal laws, including both personal and business issues.

**Online Credit Reports** – Request and access your credit report online. If your credit rating is in error, Network Attorneys can help you get it corrected. Members who are not eligible for a free report may purchase one at a nominal rate.

**Extended Benefits** – Access to in-office assistance from affiliate attorneys at rates up to 25% off the

<http://members.araggroup.com/leonbcc>  
800-523-5299

\* Hours available vary by coverage.

This brochure is for illustrative purposes only and is not a contract. The brochure is intended to provide a general review of the plans described and does not include limitations of benefits that may exist on specific coverages. Please remember that only the written contract can give actual terms, coverage amounts, conditions and exclusions. Underwritten by ARAG® Insurance Company, Des Moines, Iowa; or GuideOne® Insurance, West Des Moines, Iowa.

# SUPPLEMENTAL PRODUCTS

- **ACCIDENT**
- **CANCER SECURITY COVERAGE**
- **DISABILITY INCOME COVERAGE**
- **CRITICAL ILLNESS**
- **MEDICAL BRIDGE**
- **PUBLIC SECTOR CANCER & INTENSIVE CARE**
- **WHOLE LIFE**



## **Accident Care / Product Overview**

Accident Care is a composite rated, guaranteed renewable accident product that provides a choice of indemnity benefits for on and off the job accidents, or off job only accidents. This plan is sold through payroll deduction at the workplace.

### **Key Features & Benefits**

- Pays benefits directly to insured unless specified otherwise.
- Pays benefits regardless of any other insurance employee may have.
- 24 hour per day, on/off job coverage for Plan 1. Plans 2 & 3 may be offered with limited benefits & lower premiums.
- Available as Individual or Family Plan. Blanket dependent coverage at competitive rates for 1-Parent Family or 2-Parent Family.
- Spouse Disability Coverage with no spouse signature required.
- Worldwide Coverage
- Guaranteed Renewable
- Issue Age - Up to age 80 for Base Policy, age 67 for Disability Rider and Sickness Hospital Confinement Rider
- Risk – One risk rate based on a blended risk.

## Cancer Security Coverage / Product Overview

Cancer Security is an innovative plan addressing the changing needs of our insured. Benefits provide for treatments such as bone marrow transplants and supportive and protective care drugs.

### Key Features & Benefits

- Pays benefits directly to insured unless specified otherwise.
- Pays regardless of any other insurance insured may have.
- Portable – Coverage can be taken with employee at the same rate if changing jobs or retiring. Payroll deduction is available with Colonial through the Florida Retirement System.
- Issue Ages: 17-69
- Eligibility
  - Employee – Permanently employed and working minimum of 17.5 hours per week.
  - Spouse eligible / Dependents eligible if unmarried, dependent chiefly upon primary insured or spouse for support, living with the primary insured in a regular parent-child relationship, younger than age 25.
- Guaranteed Renewable for life as long as premiums are paid when due.
- 30-Day Waiting Period – The first 30 days following the insured's coverage effective date during which no benefits are payable.
- 4 Optional Riders that improve plan flexibility while keeping the base price
  1. Initial Diagnosis Rider – Available from \$1000 to \$5000.
  2. Progressive Payment Rider – \$50 per month accumulation
  3. Specified Disease Rider – Up to \$300 per day for hospital confinement for 22 specified diseases
  4. Death Due to Cancer Rider – \$5,000 for the main insured
- Supportive and Protective Care Drugs – This benefit provides benefits to help fight the effects of chemotherapy such as weakness due to anemia. Almost every chemotherapy patient needs these medications, and now we provide benefits for them.
- Outpatient Surgical – This is a new benefit and is incorporated into this plan because it is very common for surgery to be conducted on an outpatient basis.
- Medical Imaging – Provides benefits for MRI's, CT Scans and Ultrasound Imaging.
- Wellness Benefit (Skin Cancer Biopsy now covered as a wellness test)
- Stem Cell Transplant Benefit
- Bone Marrow Transplant
- Transportation
- Extended Care
- Indemnity Benefits – Lump sum payments made without regard to actual medical expenses incurred. They include:
  - Part I – wellness/screening benefit
  - Skin Cancer Initial Diagnosis
  - Family Care Benefit
  - Bone Marrow Donor
  - Initial Diagnosis Rider
  - Progressive Payment Rider

According to tax laws, if premiums are employer-provided or paid with pretax dollars, the IRS may consider claim payments the insured receives as subject to federal income taxes for as long as the insured receives them. If premiums are paid with after-tax dollars, claim payments are not subject to taxes (whether or not they are received as expense-incurred or indemnity benefits).

## Disability Income Coverage / Product Overview

An individual, short term disability income product that is sold via payroll deduction at the workplace.

### Key Features & Benefits

- Pays benefits directly to insured.
- Pays benefits regardless of any other insurance employee may have.
- Portable – Employee may take coverage with them at the same rate if they change jobs or retire. Payroll deduction available with Colonial through Florida Retirement System or insured may opt to pay on individual pay basis.
- Plan 1: Covers disability due to sickness and on/off job accidents
- Plan 2: Covers disability due to sickness and off-job accidents
- Plan 3: Covers disability due to sickness and off-job accidents with variable on-job disability amount
- Elimination Periods – Waiting days before benefits begin (accident/sickness)

	<u>Benefit Periods</u>
0/7, 7/7, 0/14, 14/14	3, 6, 12, and 24 months
0/30, 30/30	6, 12, and 24 months
60/60, 90/90	12 and 24 months
180/180	24 months
- Monthly Disability Benefits:  
\$400 through \$5,000 in \$100 increments, subject to income requirements. Coverage is sold in units. One unit of coverage is equal to \$100 in monthly disability income.
- Age Banded Premiums and Risk / Rates are level and age banded. Age bands are 17-49, 50-59, and 60-67. Risks are B&P, Comp, and IP. Premiums do not increase on existing coverage as insured gets older and move into another age band. Coverage is non-cancelable, except for nonpayment of premium, until the insured reaches age 70.
- Waiver of Premium after 90 continuous days of disability.
- Guaranteed renewable to age 70.
- Worldwide coverage (see limitations)

### Employee Eligibility

- Permanent benefit eligible employees who are actively working at least 20 hours per week. Seasonal and part-time employees are not eligible.
- Meet the application, underwriting requirements.

### Spouse & Dependent Eligibility

- Spouse disability income coverage is available as a rider on Colonial's Accident Care Policy (Refer to Accident Care / Product Overview). Spouse must have base policy in order to add disability rider. Must be actively working and meet income guidelines. Spouse must also meet the application, underwriting requirements.
- Dependents are not eligible for disability income coverage.

### Application Guidelines

- Coverage is available for up to 66.67% of income based on fixed income requirements only. Bonuses, overtime or other compensation is not considered. Monthly disability amounts are rounded down (never up) to avoid overinsurance. Partial units are not available. The employee may change plan during such periods of time as allowed by the employer to include increase/decrease of units and/or change of elimination or benefits periods.

### Riders

The Accident Care Health Screening Benefit may be offered with disability with no additional health questions asked. Benefit pays one \$50 annual benefit for covered health screens. An insured can have no more than 3 wellness riders under various Colonial policies.



## **Critical Illness / Product Overview**

Colonial's Critical Illness coverage is a supplemental insurance that pays a one-time, lump sum benefit (\$50,000 max for employees) per covered life upon diagnosis of one of seven critical illnesses.

### **Features & Benefits**

- Plan Options – Both plans include the Health Screening Benefit (not optional). Both plans are available for employee and spouse.
  1. Plan 1 – Critical Illness coverage + cancer coverage + health screening benefit.
  2. Plan 2 – Critical Illness coverage + health screening benefit (without cancer coverage).
- Standard Plan Benefits – Benefits range from \$5,000 to \$50,000 (\$1,000 units) for employees, \$5,000 to \$30,000 for spouses. Health screening benefit pays \$50 per calendar year for certain health screening tests.
- Covered Conditions
  1. Cancer (if cancer selected)
  2. Carcinoma in situ (If cancer selected, payable only once at 25% of face amount)
  3. Heart Attack (myocardial infarction)
  4. Stroke
  5. Major organ transplant (surgery required) and registry with United Network of Organ Sharing (UNOS)
  6. End stage renal failure
  7. Coronary artery bypass surgery (payable only once at 25% of face amount)
- Risks – Available to all risk groups.

Rate Structure – Rates are unisex, separate rate for tobacco and non-tobacco users. Age banded (16-29, 30-39, 40-49, 50-59 & 60-69) Coverage is sold in units. One unit equals \$1,000 face amount.
- Eligibility & Underwriting
  1. Simplified Issue for ages 16-59, \$5,000 - \$30,000 face amount (only 3 health questions – AIDS question does not apply. Knock out underwriting applies with health questions.
  2. Simplified Issue Level I for ages 60-69, all face amounts, and age 16-59, \$31,000 - \$50,000 face amount for employees (all health questions and AIDS question apply). Knock-back/Knock-out underwriting applies with health questions.
- Portable - Employee may take coverage with them at the same rate if they change jobs or retire. Payroll deduction available with Colonial through Florida Retirement System or insured may opt to pay on individual pay basis.
- Renew ability – Guaranteed renewable for life. Policy will not be cancelled, except for nonpayment of premium, until 100% of the face amount has been paid.
- Pays benefits regardless of any other insurance employee may have. Pays benefits directly to insured.

## **Medical Bridge (Hospital Income) / Product Overview**

Medical Bridge is a supplemental hospital confinement indemnity insurance that pays a lump sum benefit for a covered accident or covered sickness that results in hospital confinement or outpatient surgery.

### **Key Features & Benefits**

- Pays benefits directly to insured unless specified otherwise.
  - Pays benefits regardless of any other insurance employee may have.
  - Portable – Employee may take coverage with them at the same rate if they change jobs or retire. Payroll deduction is available with Colonial through Florida Retirement System or insured may opt to pay on individual pay basis.
  - Lifetime Guaranteed Renewable
  - Family Coverage Available: Named Insured / Employee/Spouse / 1-Parent Family / 2-Parent Family
  - No deductibles
  - Employee eligible if actively working at time of application at least 17.5 hours / Dependents up to age 25
  - Issue Ages: Ages 17-64 (Same for Spouse)
  - Medical Bridge can be packaged with Critical Illness to help cover hospital confinement costs.
-

## Public Sector Cancer & Intensive Care / Product Overview

Colonial's Public Sector Cancer Plan (CFL Series) is specifically designed for the Florida Government workplace. Provides coverage for certain losses that result from cancer and/or a fixed daily benefit during periods of confinement in a Hospital Intensive Care Unit due to a covered sickness or an injury received from a covered accident subject to any limitations in policy. Cancer must be pathologically or clinically diagnosed.

### Key Features & Benefits

- Pays benefits directly to insured unless specified otherwise.
- Pays benefits regardless of any other insurance employee may have.
- Portable – Employee may take coverage with them at the same rate if they change jobs or retire. Payroll deduction available with Colonial through Florida Retirement System or insured may opt to pay on individual pay basis.
- Available as Individual or Family Plan – Eligible dependents includes spouse and unmarried dependent children under age 19. Also eligible are those unmarried children from age 19 to the end of the calendar year in which they turn 25 if they (1) depend on the employee for support and (2) live with the employee or are classified as a full or part-time student.
- Guaranteed Renewable
- Wellness Benefit – Pays \$50 per calendar year, per insured, for covered cancer screening test(s).
- 30 Day Waiting Period after policy effective date.
- Initial Diagnosis Benefit – Pays \$1,000 if named insured is first diagnosed as having cancer. Pays \$500 when a covered family member is first diagnosed as having cancer. Benefit payable only once for each person insured by the policy.
- Benefits Even If Not Confined to a Hospital
  - Surgical Procedures
  - Surgical Procedures for Treatment of Skin Cancer
  - Anesthesia
  - Radiation / Chemotherapy
  - Experimental Treatment
  - Blood / Plasma
  - Prosthesis
  - Ambulance
  - Home Recovery
  - Hospice Care
  - Waiver of Premium Benefit – If named insured is disabled due to cancer for longer than 90 continuous days, premium is waived.
  - Transportation
- Benefits While Confined to a Hospital
  - Hospital Confinement
  - Confinement in a U.S. Government Hospital
  - Attending Physician
  - Private Nurse
- Riders
  - Additional Intensive Care Insurance – Pays \$350 per day for each day confined to hospital intensive care unit as the result of any accident or sickness other than an accident involving an auto, bus, truck, farm tractor, motorcycle, train or airplane which pays \$700 per day / Pays up to 45 days.

Colonial also offers the product "Cancer Security" with four levels of coverage. While the Public Sector Cancer & Intensive Care Plan is a valued benefit offered to State of Florida employees for a number of years, some employees may prefer higher benefits and are therefore referred to Cancer Security.

## **LifeBridge 96 (Whole Life) / Product Overview**

### **Product Description**

- A payroll deduction whole life insurance plan that provides guaranteed level premiums, guaranteed cash values, and a guaranteed death benefit. Coverage remains in force during the insured's lifetime, provided premiums are paid as specified in the policy.
- Two Plan Types:
  - Paid Up at Age 65: provides the insured with a paid-up policy at the original face amount with no additional premiums due when he/she reaches age 65.
  - Paid Up at Age 95: provides the insured with a paid-up policy at the original face amount with no additional premiums due when he/she reaches age 95.

### **Key Features & Benefits**

- Immediate Cash Payment of \$1000, \$2500 or \$3000 based on face amount. The beneficiary can either take the cash draft to the bank, along with a copy of the death certificate, or have the insured's doctor complete the back of the cash draft.
- Family Coverage: Spouse Individual Policy and Spouse Term and Child Term riders. An employee may choose to purchase an individual policy for a spouse without purchasing coverage on self.
- Banded Uni-Smoke Rates: Premiums are banded by the face amount issued. This allows LifeBridge to be more competitive, especially at issue ages 35 and older. Uni-smoke rates – applicants who smoke can purchase a policy at the same premium rate as those who do not smoke.
- Guaranteed Purchase Option: Allows the insured the option to purchase additional amounts of insurance in the second and fifth policy years with no evidence of insurability. Automatically included in the policy.
- Monthly Income Option: Provides the balance of the death benefit (after the cash draft payment/immediate claims payment) to be paid to the beneficiary over 6 or 12 months. Elected by the insured at the time of purchase.
- Extended Term Insurance Option: Insureds can use the net cash value that has accumulated in the policy as a net single premium to purchase term life insurance.
- The Colonial Advantage to the employee gives them permanent insurance with guarantees; also provides immediate cash for beneficiary to meet final expenses.
- Portable – If an employee leaves employment, coverage may be taken with them. Payroll deduction available with Florida Retirement System or they may pay on an individual basis.
- Guidelines Per Policy:
  - Minimum Issue: \$5000 Face Amount
  - Maximum Standard Issue: \$50,000 Face Amount or \$55/Month Premium

The materials contained in this booklet do not constitute an insurance certificate or policy. The information provided is intended only as a summary to assist in the selection of benefits. Final determination of benefit, exact terms and exclusions of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance companies. Leon County Board of County Commissioners, Clerk of Courts and Supervisor of Elections reserves the right to amend, reduce or terminate the plans described in this booklet at any time.

